

CITY OF ALBUQUERQUE

Special Dispenser's, Public Celebration, and Private Celebration Alcohol Permit Application (Dispenser's, Craft Distiller, Small Brewer, and Winegrower Liquor License Holders)

*****Please read carefully as this application was updated on November 18, 2019*****

***This application must be submitted at least fifteen (15) days prior to the event, along with the completed State of NM Alcoholic Beverage Control application, 1) Special Dispenser's, 2) Public Celebration, or 3) Private Celebration Permit, a floor plan, and server's list.**

****Two-sided copies of this application will not be accepted.**

*****Any alteration to this application is not allowed and will not be accepted.**

******Failure to comply with these requirements may result in the disapproval of this application.**

LICENSEE INFORMATION:

Special Dispenser (Full dispenser liquor license): Liquor License No. _____

Private Celebration Liquor License No. _____

Public Celebration Liquor License No.'s of all those participating in this event: _____

Licensee Name(s) _____ Business Name _____

For multiple PCPs only one participating vendor's information is needed on this form.

Mailing Address _____
Street City Zip

License Address _____
Street City Zip

EVENT INFORMATION:

_____ Cultural/Artistic Performance _____ Athletic Competition _____ Community Fiesta
_____ Private Event _____ Public Event

Is the function going to be created by Licensee's Business? _____ YES _____ NO

For PUBLIC events, list the number of events you have had at this location in the last 24 months: _____

Description of event: _____

Sponsor of the event: _____

Full Street Address Full of the Event: _____

Check all that apply: _____ Indoor Event Only _____ Outdoor Event Only _____ Both

If a tent is being used for the event an occupancy permit is required and/or if your event is outdoors an Exhibit application may be required contact the Fire Marshal's Office located at 600 2nd Street NW, (505) 924-3611.

Is the dispenser license located in the same local option district as the location of the function? _____ YES _____ NO

(Day 1) Date: _____ Time Event Begins: _____ Time Event Ends: _____
Alcohol Service Begins: _____ Alcohol Service Ends: _____ Est. number of guest expected to consume alcohol: _____

(Day 2) Date: _____ Time Event Begins: _____ Time Event Ends: _____
Alcohol Service Begins: _____ Alcohol Service Ends: _____ Est. number of guest expected to consume alcohol: _____

(Day 3) Date: _____ Event Begins: _____ Event Ends: _____
Alcohol Service Begins: _____ Alcohol Service Ends: _____ Est. number of guest expected to consume alcohol: _____

STEP 1.

ZONING ENFORCEMENT OFFICE MUST COMPLETE THE FOLLOWING SECTION.

ZONING ENFORCEMENT OFFICE
600 SECOND STREET NW – 924-3860

Does the zone allow the function? _____ YES _____ NO

If not, is the function exempt under Section 10-8-4? _____ YES _____ NO

Special exception: N/A _____ REQUIRED _____ APPROVED _____ DENIED _____

Will the function be in a tent? _____ YES _____ NO

 APPROVED _____ DISAPPROVED _____

Condition(s) of approval: _____

Reason(s) for disapproval: _____

Signature/Postion/Date: _____
(Zoning retain a copy)

STEP 2

ENVIRONMENTAL HEALTH DEPARTMENT MUST COMPLETE THE FOLLOWING SECTION.

ENVIRONMENTAL HEALTH DEPARTMENT
1 CIVIC PLAZA NW, 3RD FLOOR, ROOM 3023 – 768-2738

Noise Permit: N/A _____ Required _____ ISSUED _____

Food Permit: N/A _____ Required _____ ISSUED _____

Dust Control Measures: N/A _____ Required _____ ISSUED _____

APPROVED _____ DISAPPROVED _____

Condition(s) of approval: _____

Reason(s) for disapproval: _____

Signature/Position/Date: _____
(EHD retain a copy)

STEP 3. Will be obtained by the Hearing Officer's office.

FIRE MARSHAL'S OFFICE MUST COMPLETE THE FOLLOWING SECTION.

Fire Department Access (Street Parking) _____

Fire Hydrant Access _____

Permits Required (bonfire, tent, etc.): _____ ISSUED: _____

_____ ISSUED: _____

APPROVED _____

DISAPPROVED _____

Condition(s) of approval: _____

Reason(s) for disapproval: _____

Signature/Position/Date: _____

(FMO retain a copy)

STEP 4 Will be obtained by the Hearing Officer's office.

POLICE DEPARTMENT MUST COMPLETE THE FOLLOWING SECTION.

If, in the opinion of the Chief of Police or his designee, the function becomes a public nuisance, or if statutes, ordinances or conditions are violated at any time before or during the event, the approval may be revoked.

POLICE DEPARTMENT AREA SUBSTATIONS;

SE AREA - 800 Louisiana Blvd. SE – 256-2050

NE AREA – 8201 Osuna Rd. NE – 823-4455

WESTSIDE AREA – 644 Los Volcanes Rd. NW – 831-4705

NORTH VALLEY AREA – 5408 2nd St. NW – 761-8800

FOOTHILLS AREA-128000 Lomas Blvd. NE 332-5240

NW AREA-4051 Ellison Rd. NW, 768-4850

Is Independent Security Sufficient? N/A _____ Yes _____ No _____

APPROVED _____ DISAPPROVED _____

Condition(s) of approval: _____

Reason(s) for disapproval: _____

Signature/Area Commander/Date: _____

STEP 5

LICENSEE, SIGN APPLICATION

_____	_____
Signature of Licensee/Lessee/Authorized Agent	Title
_____	_____
Date	Telephone

STEP 6

There is a \$25.00 per day for Public events ONLY when using a Full Dispenser Liquor License. This fee does NOT apply to Brewers, Wineries, Craft Distillers, or Cider

This fee is paid in the City Council Office, 9th Floor. CHECKS ONLY

Payment received by: _____ Date: _____ Amount: _____ Check No. _____

STEP 7

For assistance please contact Donna Montoya at (505)768-3147, donna@cabq.gov.

Please deliver the completed City of Albuquerque application, the State of New Mexico Alcoholic Beverage Control application, floor plan, and server’s list, to the City Council Office located at One Civic Plaza NW, 9th Floor, Room 9087.

NO scanned, faxed, or emailed applications will be accepted. All approval signatures must be original.

LIQUOR HEARING OFFICER REVIEW:

APPROVED _____ DISAPPROVED _____ CONDITIONS OF APPROVAL _____

Approval is expressly conditioned on the applicant meeting all conditions set by the Fire Marshal and/or Police Area Commander.

Additional Conditions: _____

_____	_____
Signature of the Liquor Hearing Officer:	Date:

Reason(s) for Disapproval: _____
